



New Jersey Department of Children and Families Policy Manual

Manual:	CP&P	Child Protection & Permanency	Effective Date:
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Subchapter:	8	Termination	
Issuance:	300	Case Closure in Cases With Substance Use Disorder (SUD) Issues	

Purpose:

This issuance establishes policies and procedures for CP&P Workers to follow when considering the closing of cases where substance use disorder (SUD) issues have been identified.

Policy:

A) When Case Closure Is Prohibited

The Worker shall not close a case in which the parent or caretaker continuing to care for children:

- Has been referred for a substance use disorder assessment and the assessment has not been completed;
- Has been scheduled for substance use disorder treatment by CP&P but has not yet initiated treatment;
- Is engaged in acute residential or intensive outpatient substance use disorder treatment); or
- If there is an unresolved protective service or child welfare concern pursuant to [CP&P-III-C-8-100](#), Termination.

B) Requirements for Case Closure

The closure of any case in which the caretaker has completed or failed to engage in CP&P recommended SUD treatment must be approved by the appropriate Case Work Supervisor. A case shall not be closed until the Worker and Case Work Supervisor conclude, based on an evaluation of the factors outlined in (C) below that the risk of future harm to the child is reasonably abated.

A client needs sufficient time to address the circumstances of his/her recovery and demonstrate stability prior to case closing. Workers shall regularly evaluate whether:

- The client has been able to sustain the changes in recovery and the family's case can be closed; or
- The client has lapsed (a return to substance use) or relapsed (the return to behaviors associated with the use) and a different level of care and treatment is warranted with intensified support services; or
- Despite multiple efforts at treatment, the client has been unable to sustain recovery and an alternative permanency plan must be considered for the child(ren).

C) Considerations Prior to Case Closure

Prior to closing the case of a family in which the caretaker has completed CP&P directed treatment for a substance abuse related issue, the Worker must consider:

- The recommendations and opinions of persons providing SUD treatment to the client
- The age of the child or children. Younger children are often at greater risk of abuse or neglect when a parent lapses (returns to substance use) or relapses (returns to the behaviors associated with use).
- The existence and adequacy of the client's plan for any potential relapse, specifically whether he or she has identified persons to assume care of his or her child or children in the event of relapse
- The client's access to and engagement with supportive resources in the community
- Unique circumstances which might contribute to or mitigate against the likelihood of the client's relapse
- Other evidence of the client's positive engagement in recovery

D) Connect Client and Family to Supports When CP&P Client's SUD Treatment Ends

To the greatest extent possible, Workers shall create supporting conditions that aid in the successful transition of the client from formal substance use treatment services to recovery through on-going casework with the client and his or her family, and connect family members to appropriate recovery supports to help facilitate family recovery and relapse prevention planning.

Procedures:

1) Evaluating Client's Positive Engagement in Treatment

With the client's consent, and using CP&P [Form 11-48](#) or provider-generated form, Consent for the Release of Confidential Substance Abuse Information to the Division of Child Protection and Permanency, the Worker meets face-to-face with substance use disorder treatment and other service providers to discuss the client's progress and evidence of positive engagement in recovery. Examples of the client's positive engagement may include, but are not limited to:

- Actively working with a recovery coach;
- Actively participating in self-help meetings;
- Has an experienced sponsor who has been in recovery for two or more years and with whom he or she meets or communicates regularly;
- Has a new social circle of friends who support his or her treatment and healthy life style;
- Is in a vocational training program that will lead to gainful employment;
- Is participating in a religious or spiritual group; or
- Has a healthy exercise program.

With the client's consent, confirm with the prescribing treatment provider if the client is adhering to any medication regimen prescribed by a physician to support recovery, such as prescribed methadone, buprenorphine (Sub), buprenorphine with naloxone (Sub), naltrexone (Vivitrol), or other FDA-approved medications for the treatment of substance use disorders

If other co-occurring issues exist which impact upon the risk of harm to children (e.g., mental illness, trauma, domestic violence, cognitive disabilities, etc.), obtain the client's consent to discuss those matters with relevant providers as well.

2) Assisting the Client in Articulating His or Her Recovery and Relapse Prevention Plan

The CP&P client's ability to sustain recovery and limit lapses and relapses relate to the quality of his or her engagement in recovery. Prior to case closure, the Worker helps the client by asking about his or her Recovery and Relapse Prevention Plan including, but not limited to:

- Informal supports he or she has to support recovery;
- Healthy changes he or she made in activities;
- Community agencies/organizations/groups he or she utilizes to support recovery;
- Warning signs or triggers and what coping strategies or healthy ways he or she has developed to handle or neutralize the triggers;

- Help with the children when he or she feels stressed or cannot adequately care for them; or
- Emergency or safety plan for the child(ren) if he or she starts using substance.

Key Terms (Definitions):

- Child Protection Substance Abuse Initiative (CPSAI): Through the “CPSAI” DCF contracts with three regional agencies to provide statewide substance use disorder screening, assessment, evaluation, and referral to or coordination with substance use disorder treatment services for CP&P involved caregivers for whom substance abuse poses a child safety risk. CPSAI services are delivered by qualified substance use disorder clinicians who are co-located in the CP&P local offices and function as a member of the child welfare case practice team. Caregivers are referred to the CPSAI as per [CP&P-V-B-1-200](#), Case Handling Protocol for Referrals of CP&P Clients to Substance Abuse Treatment Programs.
- Substance Use Disorder (SUD): Also referred to as substance abuse disorder (SAD) occurs when the recurrent use of alcohol and or drugs causes clinically and functionally significant impairment, such as: health problems, disability, and failure to meet major responsibilities at work, school, or home. According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria. The DSM-5 defines substance use disorders as mild, moderate, or severe; the degree of severity is determined by the number of diagnostic criteria met by an individual.
- Treatment, for purposes of this policy, includes residential or intensive outpatient treatment for a Substance Use Disorder. It does not include medical maintenance programs, or supportive community programs (e.g. Alcoholics Anonymous).